Application or Docket Number											mber		
Effective October 1, 2003								10/84/824					
	CLAIMS AS FILED - PART I								7-10	- 0	-		
			(Column 1) (Co			SMAL Olumn 2) TYPE				OR		R THAN ENTITY	
TOTAL CLAIMS								Έ	FEE	7.	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS				minus 20=			XS S)=		OR	X\$1.8=		
INDEPENDENT CLAIMS			i	minus 3 =			X43	_		1	X86=	ļ — — ,	
М	ULTIPLE DEPE	NDENT CLAIM I	PRESENT	RESENT						OR			
.,	f the differenc	e in column 1 is	s less than :	less than zero enter "0" in			+145			OR	+290=	<u> </u>	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							TOTA	AL		OR	TOTAL	<u></u>	
	,	(Column 1)	(Colun	(Column 2) (Column 3)			LL E	ЙТІТҮ	OR	OTHER SMALL			
٧		CLAIMS REMAINING		HIGHE NUME	ER	PRESENT	CAT	_].	ADDI-		0.75	ADDI-	
VEN		AFTER AMENDMENT		PREVIO PAID F		EXTRA	RATI		FEE	-	RATE	TIONAL FEE	
AMENDMENT	Total	. 66	Minus	1-2	5	=	X\$ 9	-		OR	X\$18=/		
AME	Independent	• /	Minus		3	=	X43=		/	OR	X86≠		
L	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			1					
							+145			OR	+290= / TOTAL		
	• •	(C-l					ADDIT. FI	EEL		OR	DOIT. FEE		
		(Column 1)	T	(Colum		(Column 3)							
AMENDMENT B		REMAINING AFTER	-	NUMB	ER	PRESENT	RATE		ADDI-/ IONAL		DATE.	ADDI-	
		AMENDMENT		PREVIO		EXTRA	L	` '	FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
AME	Independent	*	Minus	***		= .	X43=	_		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT (CLAIM	. 🔘	145	\dagger		ľ			
							+145=			OR	+290=		
		•					ADDIT. FE			OR A	DOIT. FEE		
(Column 1) (Column 2) (Column 3) CLAMS HIGHEST													
ပ		REMAINING	·	NUMBE	R	PRESENT			ADDI-	Γ		ADDI-	
W L		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA	RATE		ONAL FEE		RATE	FEE)	
AMENDMENT	Total	•	Minus	**		= .	X\$ 9=	+		OR	X\$18=		
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	FIRST PRESE	VITATION OF MU	LTIPLE DEF	PENDENT	LAIM		A43=	4-		OR -	X86=		
+10									ļ	OR	+290=	·	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE ADDIT. FEE													
4	THE MIGHEST NUM	nber Previously Paid per Previously Paid	id For IN THU	S SPACE & M	es than	T antar "7"			oriate box				